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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/625,463	07/22/2003	Mark Pike	14031.1US01	9154	
23552 MERCHANT &	7590 12/17/200 & GOULD PC	8	EXAMINER		
P.O. BOX 2903	}		CROUSE, BRETT ALAN		
MINNEAPOLI	S, MN 55402-0903		ART UNIT	PAPER NUMBER	
			1794		
			MAIL DATE	DELIVERY MODE	
			12/17/2008	PAPER	

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Intonsious Summons	10/625,463	PIKE, MARK	
Interview Summary	Examiner	Art Unit	
	Brett A. Crouse	1794	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>Brett A. Crouse</u> .	(3)		
(2) <u>Denise M. Kettelberger</u> .	(4)		
Date of Interview: <u>09 December 2008</u> .			
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant 2	2)∏ applicant's representative	;]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) <u></u> No.		
Claim(s) discussed:			
Identification of prior art discussed:			
Agreement with respect to the claims f)☐ was reached. g)∏ was not reached. h)⊠ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>Denise Kettelberger</u> , <u>attono reply has been filed to the office action of 28 May 2008</u> .			
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no c allowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM, Y	been filed, APP OAYS FROM T WHICHEVER IS	LICANT IS HIS
/Brett A. Crouse/			

Application No.

Applicant(s)